

AFTER HOURS ACCESS AND SUITE KEY REQUEST

If possible, please fill out below data in "Word" on your computer. Print, sign, date and email as an attachment to chris.narayan@cushwake.com.

		-		
Tenant Name		Building Name		
Tenant Address (City & Zip not needed)		Suite		
Requestor Name		Requestor		
(Authorize Below)		Phone		
below will receive a Center Application (Policies, contact Pro The building will information abou	ng access system is available for tenants and to card programmed for entry to the building. Em (in addition to submitting payment for key card operty Management at (916) 557-1800 be accessible, and Access Card will NOT thours and amenities please refer to the ment at 916.557.1800.	ployees wishing acceds where applicable). be required during	ess to the Fitness Center must subm For further information about Fitn or regular business hours. For	nit a Fitness less Center more
<u> </u>	NAME	NAME		
				0.34/ 1 5 1
immediately in orde	s cards are not transferable. In the event an accer to deactivate the access card. I further unce assessed at the time of issuance.			
•	after hours access cards must be requested system. Should you have any questions please	•	. •	efield's on-
All the access cards space.	s must be returned to the Park Tower property n	nanagement ofc. prior	r to tenant permanently vacating the	leased
Agreed to and	Accepted by:			
Authorized Signatu	ıre		Date	
NEW TENANTS: Please let us know how many suite keys you wish to receive for your suite.				
		, cance hoje jea w	in the second se	